

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m-6		12/30/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RS	61730	1-27-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	7/5/98
2	11/18/98
3	1/26/99
4	2/10/99
5	2/10/99
6	2/10/99
7	2/10/99
8	2/10/99
9	2/10/99
10	2/10/99
11	N/N
12	M/M
13	✓/✓
14	✓/✓/✓
15	✓/✓/✓
16	✓/✓
17	✓/✓
18	M/M
19	N/N
20	N/N/N
21	✓/✓
22	✓/✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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